Dementia Care Management within the Federal Financial Alignment Demonstrations

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#DementiaCareSummit

Financial & Administrative Alignment Demonstrations

In 2013, as part of ACA, CMS initiated the dual demonstration

GOAL: Integrate Medicare and Medicaid services to:

- Improve care
- Lower costs
- Improve coordination of care

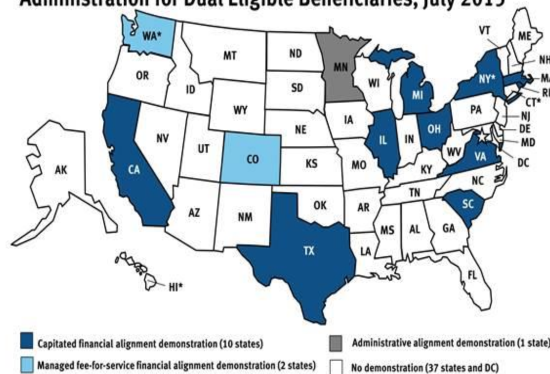
Two main models

- Capitated financial alignment
- Managed fee-for-services

Three-way contracts

Figure 1

State Demonstration Proposals to Align Financing and/or Administration for Dual Eligible Beneficiaries, July 2015



NOTES: *WA received approval for two demonstrations, but subsequently withdrew its capitated model; NY withdrew its managed FFS proposal. CT and NY's capitated DD proposal remain pending with CMS.
SOURCE: CMS Financial Alignment Initiative, State Financial Alignment Proposals and state websites.

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Care Management & Coordination within the Federal Financial Alignment Demonstration

Care manager qualifications & experience: Nurses, social workers, others*

How care management is offered:

- Health plans
- Preferred provider groups
- MLTSS providers

ALSO,

- Collaborative Care Management with CBO's

Risk stratification of beneficiaries

*Source: Hollister, B & Chapman, S. Dementia Care Coordination and Practices in Seven Duals Demonstration States, UCSF, 2015

Opportunity: To Create More Dementia Capable Systems of Healthcare

Better detection and documentation of patients with dementia

- Include cognitive impairment questions in the Health Risk Assessment (HRA) and other assessments
- Adopt a validated screening tool & document the cognitive assessment in the medical record
- Establish a follow-up protocol for diagnosis if the cognitive screen is positive

Better partnership between health system and family/friend caregivers

- Ability to identify family caregiver and document this person in the chart(s)
- Ability to briefly assess the caregiver's needs
- Provide or arrange for caregiver education and supports

Better partnership with community-based organizations

- Respite care, support groups, caregiver education and counseling, and home safety
- Benefits counseling

South Carolina Model: Healthy Connections Prime

Structure
- 3 health plans in 39 participating counties
- 2,841 Home and Community Based Service (HCBS) providers and 153 nursing facilities.
- Age 65+ members only

Services offered:
- Comprehensive uniform assessment of beneficiary and caregiver
- Care coordination for members
- Caregiver identification, assessment & support*
- MLTSS: ADHC, transportation, HCBS, respite
- Training for care managers in dementia care

Preliminary Evaluation Findings
- Anecdotal only

*Source: Reinhard, S. C., Fox-Grage, W., & Feinberg, L. F. (2016, November). Family Caregivers and Managed Long-Term Services and Supports. Retrieved April 19, 2017, from http://www.aarp.org/content/dam/aarp/ppi/2016-08/AARP1080_FSandMLTSS_REPORT_WEB.pdf) and information provided by Teeshla Curtis (SC DHHS) 9-19-17.

California and Texas Models: Dementia Cal MediConnect Project Texas Takes on Dementia

Structure
- Oversight by state Medicaid agencies
- 10 health plans in CA/ 3 in Texas
- Selected counties covered
- Dementia expertise provided by community-based Alzheimer's organizations

ACL – ADSSP Project Components
- Advocacy (Demographic, Value and Policy Levers)
- Training in dementia care (Care Managers and Dementia Care Specialists)
- Technical assistance to healthcare champions to stimulate system change
  - Identification of people with cognitive impairment
  - Identification, assessment, support, education, and engagement of caregivers
  - Partnership with community-based organizations

Evidence to Date: Dementia Cal MediConnect

When working with a member who may have ADRD, I usually…	Baseline % Yes (n=430)	6 month % Yes (n=141)
Encourage formal diagnosis from their physician*	68.1	79.4
Determine whether they have an informal caregiver	64.9	76.4
Involve caregiver in care plan development and the care management process*	60.4	75.9
Refer the member to available HCBS*	66.5	79.4
Refer the informal caregiver to available HCBS**	56.3	78.7

Health plans report system changes including:

- 2 plans have modified their nationally-used e-Medical Management Systems to include screening for CI, referral for Dx, ID, and assessment of a caregiver
- 6 plans have changed assessment protocols to include a trigger question for CI and 5 have adopted a validated screening tool for use by CMs
- 4 plans have adopted validated caregiver assessment tools used by CMs
- 7 plans say they are engaging caregivers in care planning or inter-disciplinary team meetings

$^*p < .05$ $^{**}p < .001$ Source: Hollister, B., Ross, L., Yeh, J. UCSF Institute for Health and Aging

Areas for additional research in the Federal Financial Alignment Demonstrations

1. Determine the impact of the Financial Alignment Demonstrations on the quality of care received by beneficiaries with dementia. (CMS)
2. Compare and identify specific training requirements and competencies for effective dementia care managers. (PCORI, HRSA, foundations)
3. Examine whether formal detection and documentation of cognitive impairment impacts beneficiary health outcomes, utilization of services, or cost of care in the Financial Alignment Demonstration. (PCORI, CMS)
4. Explore whether models of caregiver identification, assessment, and support impact beneficiary health outcomes, utilization of services, or cost of care in the Financial Alignment Demonstration. (CMS, PCORI)
5. Examine the impact of various caregiver support interventions/tools for educating and supporting ethnically diverse caregivers or those with lower levels of education. (PCORI, ACL, foundations)
6. Determine the cost impact of the Financial Alignment Demonstrations on aging services providers. (CMS, ACL, foundations)